

TUCKAHOE UNION FREE SCHOOL DISTRICT

Health office

Student Physical Exam Form

(Grade 6 through 12)

Name _____ Grade _____ Birth Date _____

Address _____ Telephone _____

Emergency Contact (Name) _____ Telephone _____

LEGEND N = Normal X = Abnormal NE = Not Examined

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Gen. Body Build _____ Abnormal Masses _____ Skin _____ Scars _____

Eyes _____ Ears _____ Nose _____ Throat _____ Teeth _____ Neck _____

Lungs _____ Heart _____ Chest _____ Liver _____ Spleen _____ Neurological _____

Joint Function: Neck: _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____

Hips _____ Knees _____ Ankles _____ Feet _____ Scoliosis _____

Hernia _____ Genitalia _____ Vision: R _____ L _____ Hearing: R _____ L _____

Optional at discretion of Physician: HGB or Hematocrit _____ Urinalysis _____

IMMUNIZATION BOOSTERS

HIB _____ Varicella _____

DPT _____ DT _____ Tuberculin Mantoux _____ Results _____

Polio _____ MMR (1) _____ (2) _____

Hepatitis B (1) _____ (2) _____ (3) _____ Hepatitis A (1) _____ (2) _____ (3) _____

Physician's Comments/Recommendations: _____

This Person is in Satisfactory Condition & May Engage in All School/Sport Activities Except as Noted

The N.Y.S. Education law requires that every school child have a physical examination upon entrance to school, and routinely at Grades 1, 3, 7 & 10.

Date of Examination: _____

Physician's Signature: _____

(Print or Stamp) _____

Address: _____

Phone: () _____

I have reviewed the medical information provided by the private physician; this student may participate in sports.
 School Physicians Signature _____ Date: _____